

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER
00-11

2. STATE
Illinois

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
May 1, 2000

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 431.11 & Section 1902(a)(4) Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2000 - ~~(31,101,114.00)~~ (\$1,476,393.62)
b. FFY 2001 - ~~(37,000,000.00)~~ (\$3,543,344.69)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, page 32

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable):
Attachment 4.19-B, page 32

10. SUBJECT OF AMENDMENT: **METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER
TYPE OF CARE- BASIS FOR REIMBURSEMENT**

11. ☐ GOVERNOR'S REVIEW (Check One):
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☒ OTHER, AS SPECIFIED:
Not submitted for review by prior
approval.

12. SIGNATURE OF AGENCY OFFICIAL: *Ann Patta*

16. RETURN TO:

13. TYPED NAME: Ann Patta

ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL 62762
ATTENTION: Lynn Handy
Deputy DIRECTOR

14. TITLE: DIRECTOR

15. DATE SUBMITTED: 6-28-00

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: 1/25/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 5/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL: *Cheryl A. Harris*

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE -
BASIS FOR REIMBURSEMENT

3. RURAL HEALTH CLINICS: Depending on type of clinic in which services are provided. Hospitals and encounter rate clinics: same as described in 1 and 2, respectively. For others and for non-Medicare covered services, fee-for-service subject to Department's established pricing screens.
4. PRESCRIBED DRUGS:
~~Effective July 1, 1995,~~ Pharmacies will be reimbursed for prescribed drugs on the following basis: the lower of their usual and customary charge to the general public or
 - =7/95 a. Single source legend products - standard package size AWP of NDC on claim, less 10%, plus a ~~professional~~ dispensing fee
 - =7/95 b. Multiple source legend products not approved for generic interchange by the Illinois Department of Public Health - standard package size AWP of NDC on claim, less 12% plus a ~~professional~~ dispensing fee
 - =7/95 c. Multiple source legend products approved for generic interchange by the Illinois Department of Public Health, but not on the HCFA FUL list - lower of standard package size AWP of NDC on claim, less 12%, plus a ~~professional~~ dispensing fee OR generic reference AWP less 12% plus a ~~professional~~ dispensing fee
 - =7/95 d. Multiple source legend products approved for generic interchange by the Illinois Department of Public Health, and on the HCFA FUL list - lower of standard package size AWP of NDC claim, less 12% plus a ~~professional~~ dispensing fee OR generic reference AWP less 12% plus a ~~professional~~ dispensing fee OR HCFA FUL unit price plus a ~~professional~~ dispensing fee
 - =5/00 e. Single and multiple source legend products for which the average wholesale price is actual market average wholesale price - actual market wholesale price plus dispensing fee